2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06896

FILED Apr 29, 2006 Secretary of State

Entity Name: SANDESTIN HARBOUR POINT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 215 GRAND BLVD SUITE 200 MIRAMAR BEACH, FL 32550 US **New Mailing Address: Current Mailing Address:** 215 GRAND BLVD SUITE 200 MIRAMAR BEACH, FL 32550 US FEI Number: 59-2481325 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GORMLEY, TERRY P 215 GRAND BLVD SUITE 200 MIRAMAR BEACH, FL 32550 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition ADCOCK, JIMMY C ADCOCK, JIMMY C Name: Name: 7799 WIND SONG DR Address: 7799 WIND SONG DR Address: City-St-Zip: TRUSSVILLE, AL 35173 City-St-Zip: TRUSSVILLE, AL 35173 US Title: DST () Delete Title: () Change () Addition FAILLA, TOMMY Name: Name: Address: 4125 PALMYRA STREET Address: City-St-Zip: NEW ORLEANS, LA 70119 City-St-Zip: Title: () Delete Title: (X) Change () Addition VIENER, BETTY VIENER, BETTY Name: Name: 204 EVANGELINE DRIVE 204 EVANGELINE DRIVE Address: Address: City-St-Zip: MANDEVILLE, LA 70471 City-St-Zip: MANDEVILLE, LA 70471 US (X) Change () Addition Title: DP () Delete Title: DP Name: RODGERS, JOHN Name: RODGERS, JOHN 2628 CHRCHILL DOWNS CIR Address: 2703 CHATHAM CT Address: City-St-Zip: MURFREESBORO, TN 37129 City-St-Zip: CHATTANOOGA, TN 37421 US Title: () Delete Title: () Change () Addition LOSAPIO, CARL Name: Name: 192 WOOD RUN Address: Address: City-St-Zip: ROCHESTER, NY 14612 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOMMY FAILLA DST 04/29/2006